Received & Inspected POCKET FILE COPY ORIGINAL

10-90 11-42

	§54.1009 Annual Reporting		AUG 11		en Estimate per R	Approved I	50-1185
Data Col	lection Form	VOLUM 14 AND TO THE RESERVE TO THE R	FCC Mail	HOOMbara	en estimate per no	езроноет. 1	o trodi's
<010>	Study Area Code	518001					
<015>	Study Area Name	Union Telephone Company					
<020>	Program Year	2014					
<030>	Contact Name: Person USAC should contact with questions about this data	CHRIS RENO					
<035>	Contact Telephone Number: Number of the person identified in data line <030>	3077826131 ext.					
<039>	Contact Email: Email of the person identified in data line <030>	CRENO@UNIONWIRELESS.COM			)		
12012		and the Lange Up of the Lange		THE SHALL THE WAY	(check box when com		
<040>	Has the information required pursuant to §54.1009  <041> Attach a description of the documents file				O 1UnionWireless5	19905.pdf	
	<042> Cite the Study Area Code (SAC) for the Fo	orm 481 reporting		<042> 519905			
	<043> Cite the date of the Form 481 reporting			<043> 06/26/	2014		
<050>	Carrier Contact Information (has the contact info. ch.	anged since prior filing? Yes or No)		$\odot$	0		
	30,000	(If yes, complete the attache	ed worksheet)	<050>			
<060>	Coverage and Performance Report	(complete attached wor	rksheet)	<060> ✓			
<070>	Urban Rate Comparability Certification	(complete attached certif	fication)	<070> 🗸			
<080>	Tribal Lands Reporting (y/n?) (Does this study area con	ver tribal lands? Yes or No)		0	$\odot$		
		(If yes, complete the attache	ed worksheet)	<080>			
<090>	Project Update Information	(complete attached wor	rksheet)	<090>			
<100>	Certifications <101> Reporting Carrier Certification (comp	plete attached certification)		<101>			
	<102> Agent Certification (comp	plete attached certification)		<102>			
	Notice to Individuals Required by the Paperwork Re OMB Control Number 3060-1185 (Annual Report for Notice to Individuals Required by the Paperwork Red Public reporting burden for this collection of informathe instructions, look through existing records, gather have any comments on this estimate, or on how we Communications Commission, Office of Managing Delease DO NOT SEND COMPLETED FORMS TO THIS A	Mobility Fund Phase I Suppor duction Act of 1995 ation is estimated to average 1 er and maintain required data, can improve the collection an irector, AMD-PERM, Washing	18 hours per res , and actually co d reduce the bu ton, DC 20554,	ponse. Our es omplete and re urden it causes Paperwork Rec	timate includes eview the form o you, please writ duction Act Proje	the time to r r response. te the Federa ect (3060-11	If you al 85).

Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

No. of Copies rec'd List ABCDE

07/31/2014

(050) Car	ier Contact Form			FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 2 of 8
<010>	Study Area Code		518001	
<015>	Study Area Name		Union Telephone Company	
<020>	Program Year		2014	
<030>	Contact Name - Person USAC should contact regarding the	his data	CHRIS RENO	
<035>	Contact Telephone Number - Number of person identifie		3077826131 ext.	
<039>	Contact Email Address - Email Address of person identifie	ed in data line <030>	CRENO@UNIONWIRELESS.COM	
Reporting	Carrier / Mobility Fund Phase 1 Winning Bidder			
<110>	FCC Registration Number	0001630201		
<111>	Filing Carrier Name	UNION TELEPHONE COM	IPANY	
<112>	Winning Bidder Carrier Name	UNION TELEPHONE COM	IPANY	
<113>	Street Address (or PO Box)	PO BOX 160		
<114>	City	MOUNTAIN VIEW		
<115>	State	WY	- Employed the control of the contro	
<116>	Zip-Code	82939		
<117>	Telephone Number	3077826131 ext.		
<118>	Fax Number	3077826913	24 - 0 - 0	
<119>	Email Address	creno@unionwireless	POLATION (I	
	i. <del>i.</del>	C16HOMM110HW116HGBB	.com	
10.0	if same as above, indicate in this box			
<120>	187	CHRIS RENO		
<121>	Filing Carrier Name	UNION TELEPHONE COME	PANY	
<122>	Street Address (or PO Box)	PO BOX 160		
<123>	City	MOUNTAIN VIEW		150
<124>	State	WY		
<125>	Zip-Code	82939		
<126>	Telephone Number	3077826131 ext.		*****
<127>	Face Alleman have	3077826913	The second state of the se	
<128>	Empil Address	creno@unionwireless.	com	
Authorize	d Agent Information	oreno milon wire cross.		
	if no agent, indicate in this box			
<120>	Name (First, MI, Last, Suffix)	585		
<121>	Company			
<122>	Street Address (or PO Box)			
<123>	City			
<124>	State			
<125>	Zip-Code			
<126>	Telephone Number		EV SECURIOR	
<127>	Fax Number	111107 - 11111		
<128>	Email Address			

Contact Name - Person USAC should contact regarding this data  CIRIS RENO  COTACT Telephone Number of person identified in data line <030>  CONTACT Telephone Number of person identified in data line <030>  CONTACT Telephone Number of person identified in data line <030>  CONTACT Telephone Number of person identified in data line <030>  CONTACT Telephone Number of person identified in data line <030>  CONTACT TEMPORAL TELESS.COM  COVERAGE AND TELESS.COM  COVERAGE AND TELESS.COM  COVERAGE AND TELESS.COM  Electronic Shapefiles attachments  Name of Attached Document (.zip)  Scattered Site Test Results attachments  Name of Attached Document (.zip)  Coverage and Performance Report Year  Name of Attached Document (.zip)  Coverage and Performance Report Year  O7/2014 - 12/2014  Flectronic Shapefiles attachments  Name of Attached Document (.zip)  Coverage and Performance Report Year  O7/2014 - 12/2014  Flectronic Shapefiles attachments  Name of Attached Document (.zip)  Coverage and Performance Report Year  O7/2014 - 12/2014  Flectronic Shapefiles attachments  Name of Attached Document (.zip)  Coverage and Performance Report Year  Name of Attached Document (.zip)  Coverage and Performance Report Year  Name of Attached Document (.zip)  Coverage and Performance Report Year  Name of Attached Document (.zip)  Coverage and Performance Report Year  Name of Attached Document (.zip)  Coverage and Performance Report Year  Name of Attached Document (.zip)  Coverage and Performance Report Year  Name of Attached Document (.zip)  Coverage and Performance Report Year  Name of Attached Document (.zip)  Coverage and Performance Report Year  Name of Attached Document (.zip)  Coverage and Performance Report Year  Name of Attached Document (.zip)  Coverage and Performance Report Year  Name of Attached Document (.zip)  Coverage and Performance Report Year  Name of Attached Document (.zip)  Coverage and Performance Report Year  Name of Attached Document (.zip)  Coverage and Performance Report Year  Coverage And Year Year Year Year Year Year	(060) Co	verage and	Performance	Report						PATES	FCC Form Ap prove OMB Com Page 3 of	d by OM trol No.	B 3060-1185
### Study Area Name	<010×	Study A	roa Cada				518001						
Program Year   2014		5-1047 - 1-05 - COCC											
Contact Name - Penson USAC should contact regarding this data  CORRECT Name - Penson USAC should contact regarding this data  CORRECT Name - Penson USAC should contact regarding this data  CORRECT Name - Penson USAC should contact regarding this data  CORRECT Name - Penson USAC should contact regarding this data  CORRECT Name - Penson USAC should contact regarding this data  CORRECT Name - Penson USAC should contact regarding this data  CORRECT Name - Penson USAC should contact regarding this data  CORRECT Name - Penson USAC should contact regarding this data  CORRECT Name - Penson USAC should contact regarding this data  CORRECT Name - Penson USAC should contact regarding this data  CORRECT Name - Penson USAC should contact regarding this data  CORRECT Name - Penson USAC should contact regarding this data  CORRECT Name - CORRECT NAME - 12/2914  Electronic Shapefiles attachments  Nome of Attoched Document (.1pp)  Nome of Attoched Document (.1pp)  Corridy  Corrify  Corri								rerephon	e company				
Contact Telephone Number - Number of person identified in data line <0300 3971836131 0xx.  City Contact Email Address - Email				n USAC should	contact regardin	g this data	CHRIS	RENO					
Electronic Shapefiles attachments  Drive Test Results attachments  Drive Test Results attachments  Name of Attached Document (zip)  Scattered Site Test Results attachments  Name of Attached Document (zip)  Scattered Site Test Results attachments  Name of Attached Document (zip)  Certify that that brive lieuton Footal Resident Population Po							<030> 307782	6131 ext					
Electronic Shapefiles attachments    Drive Test Results attachments   Name of Attached Document (.sip)	<039>						590000						
Electronic Shapefiles attachments  Name of Attached Document (.sip)  Scattered Site Test Results attachments  Name of Attached Document (.sip)  Scattered Site Test Results attachments  Name of Attached Document (.sip)  Certify that Total Resident Road Road Miles per Miles Should Scattered Site Census Covered Block Per Uploade ed Block Per Uploade ed Block (Per Newly Census State County Census Block Census Block Py Service Service Block Reached Block (Yes/no) 0) (Yes/no)  Percentage of Total  Percentage of Total  Percentage of Total  Percentage of Total	<140>	Coverag	e and Perform	nance Report Ye	ear 07/2014	- 12/2014				El			
Scattered Site Test Results attachments  Name of Attached Document (.zip)  Name of Attached Document (.zip)  Name of Attached Document (.zip)    Certify that that Drive Electron Test Resident Population Popula			Electro	onic Shapefiles	attachments				77 = 3	09-pm.zip			
Scattered Site Test Results attachments    Name of Attached Document (.zip)			Drive 1	Test Results at	tachments								
Certify that that Drive   Certify that Drive   Certify that that Drive   Certify that Drive   Cert						Name	of Attached Docum	nent (.zip)					
Resident Population Propulation Population Propulation Physical Economics Population Physical Economics Population Physical Economics Physical Eco			Scatter	red Site Test Re	esults attachmen		of Attached Docum	ment (.zip)					
Resident Population Po	<141>	<a1></a1>	<a2></a2>	<a3></a3>	<b1></b1>	<b2></b2>	<b3></b3>	<c1></c1>	<c2></c2>	<c3></c3>	<d>&gt;</d>	<e></e>	<f></f>
Resident Population Po													
Percentage of Total  O Percentage of Total  Percentage of Total		State	County	Census Błock	Population per	Population Newly Reached	Population Reached by	Miles per Census	Miles per Census Block Newly	Road Miles covered per Census	that Electron ic Shapefil es are uploade d	that Drive Test Result s are upload ed (yes/n	Site Tests are uploaded
Percentage of Total  O Percentage of Total  Percentage of Total													
Percentage of Total  O Percentage of Total  Percentage of Total						**************************************							
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Percentage of Total Percentage of Total			<del>                                     </del>					<b>†</b>					
Percentage of Total Percentage of Total													
Percentage of Total Percentage of Total												7.5	
Percentage of Total Percentage of Total							1		L	_			
Service by Service			Population	Reached by	0		Road Miles c	overed	69				

by Service

(070) Urban Rate Comparability Certification Compliance	FCC Form 690
	Approved by OMB
	OMB Control No. 3060-1185
	Page 4 of 8

<010>	Study Area Code	518001
<015>	Study Area Name	Union Telephone Company
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	CHRIS RENO
<035>	Contact Telephone Number - Number of person identified in data line <030>	3077826131 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	CRENO@UNIONWIRELESS.COM

# TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

	Certification of Officer or Em	ployee as to Compliance with 47	CFR §54.1009(a)(4)
certify that I am an officer or employee of form and in any attachments is accurate.	f the reporting carrier; my respon	sibilities include ensuring compliance	with 47 CFR §54.1009(a)(4), the information reported on this
Name of Reporting Carrier: Unio	n Telephone Company		\$125.00 DOS
Signature of Authorized Officer:	CERTIFIED ONLINE		Date 07/31/2014
Printed name of Authorized Officer:	Chris Reno		
Title or position of Authorized Officer:	Director of Accounting		0.4.000
Telephone number of Authorized Officer:	3077826131 ext.	des es sus ses escriptors de la companya del companya del companya de la companya	
Study Area Code of Reporting Carrier:	518001	Filing Due Date for this form:	07/31/2014

## TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

	is authorized to submit the information reported on behalf of the reporting porting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the
authorized agent; and, to the best of my knowledge, the repor	ts and data provided to the authorized agent is accurate.
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer or Employee:	Date:
Printed name of Authorized Officer or Employee:	
Title or position of Authorized Officer or Employee:	
Telephone number of Authorized Officer or Employee:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be	punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

## TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorize	d to File Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier
I, as agent for the reporting carrier, certify that I am authorize	ed to submit the certification on behalf of the reporting carrier; I have provided the data reported herein based or
data provided by the reporting carrier; and, to the best of my	knowledge, the information reported herein is accurate.
Name of Reporting Carrier:	
Name of Authorized Agent or Employee of Agent:	
Signature of Authorized Agent or Employee of Agent:	Date:
Printed name of Authorized Agent or Employee of Agent:	
Title or position of Authorized Agent or Employee of Agent	
Telephone number of Authorized Agent or Employee of Agent	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:

80) Triba	al Lands Reporting		Settled Land	FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 5 of 8
-010-	State Associate		No. Corne	
<010> <015>	Study Area Code Study Area Name		518001 Union Telephone Company	
<020>	Program Year		2014	
<030>	Contact Name - Person USAC should contact regarding to	this data	CHRIS RENO	
<035>	Contact Telephone Number - Number of person identifi	ed in data line <0		
<039>	Contact Email Address - Email Address of person identif	ied in data line <	030> CRENO@UNIONWIRELESS.COM	
<142>	State			
<143>	County		Annual state of the property of the party of	
<144>	Tribal Land(s) on which ETC Serves			
<145>	Tribal Government Engagement Obligation	Name of Attached	Document (.pdf)	
	If your company serves Tribal lands, please select (Yes,Neach of these boxes to confirm the status described on PDF, on line 145, demonstrates coordination with the T government pursuant to § 54.1004 includes:	the attached		
<146>	Needs assessment and deployment planning with a foc	us on Tribal	Select (Yes,No, NA)	
	community anchor institutions;			
<147>	Feasibility and sustainability planning;		<b></b>	
<148>	Marketing services in a culturally sensitive manner;			
<149>	Compliance with Rights of way processes			
<150>	Compliance with Land Use permitting requirements			
:151>	Compliance with Facilities Siting rules			
152>	Compliance with Environmental Review processes			
153>				
133>	Compliance with Cultural Preservation review processes		1 1	

<154> Compliance with Tribal Business and Licensing requirements.

		Approved by OMB
		OMB Control No. 3060-1185
e staling		Page 6 of 8
<010>	Study Area Code	518001
<015>	Study Area Name	Union Telephone Company
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	CHRIS RENO
<035>	Contact Telephone Number - Number of person identified in data line <030>	3077826131 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	CRENO@UNIONWIRELESS.COM
<200>	Date Authorized to Receive Support	07/29/2013
<201>	Targeted Completion Date	12/31/2015
<202>	Total Mobility Fund Support Awarded	7167104.0
<203>	Total Mobility Fund Support Disbursed	2389034.67
<204>	Support Applied to Network Design	10156.1
<205>	Support Applied to Construction	1502558.47
<206>	Support Applied to Deployment	876320.1
<207>	Support Applied to Maintenance	0.0
<208>	Certify Network will Support 3G Mobile Service (Yes / No)	• •
<209>	Certify Network will Support 4G Mobile Service (Yes / No)	<ul><li>O</li></ul>
<210>	Actual Completion Date	
<211>	Project Status Description (attached)	518001_PSD_WY.pdf
	Please check these boxes below to confirm that the attached PDF, on line 211, contains a project status pursuant to §54.1005(b)(2)(v). The information shall be submitted as appropriate.	{Name of PDF attached}
<212>	Status of Network Deployment - Network Design	/
<213>	Status of Network Deployment - Construction	/
<214>	Status of Network Deployment - Deployment	/
<215>	Status of Network Deployment - Maintenance	/
<216>	Project Budget Status	<b>✓</b>
<217>	Project Plan Status	<b> </b>

FCC Form 690

(090) Project Update Information

(101) Certification - Reporting Carrier	FCC Form 690
	Approved by OMB
	OMB Control No. 3060-1185
	Page 7 of 8

<010>	Study Area Code	518001
<015>	Study Area Name	Union Telephone Company
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	CHRIS RENO
<035>	Contact Telephone Number - Number of person identified in data line <030>	3077826131 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	CRENO@UNIONWIRELESS.COM

## TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

I certify that I am an officer of the report best of my knowledge, the information r			I reporting requirements for	Mobility Fund recipients; and, to th
Name of Reporting Carrier: Union	Telephone Company		p.1	
Signature of Authorized Officer:	CERTIFIED ONLINE			Date 07/31/2014
Printed name of Authorized Officer:	Chris Reno			
Title or position of Authorized Officer:	Director of Accounting		4400	
Telephone number of Authorized Officer:	3077826131 ext.			
Study Area Code of Reporting Carrier:	518001	Filing Due Date for this form:	07/31/2014	

under Title 18 of the United States Code, 18 U.S.C. § 1001.

(102) Certification - Agent / Carrier	FCC Form 690
	Approved by OMB
	OMB Control No. 3060-1185
Park Transfer of the Control of the	Page 8 of 8

<010>	Study Area Code	518001
<015>	Study Area Name	Union Telephone Company
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	CHRIS RENO
<035>	Contact Telephone Number - Number of person identified in data line <030>	3077826131 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	CRENO@UNIONWIRELESS.COM

## TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

is authorized to submit the information reported on behalf of the reporting carrier, sibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized vided to the authorized agent is accurate.
Date:
Filing Due Date for this form:

## TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Author	orized to File Annual Reports for Mobility Fund Recip	ients on Behalf of Reporting Carrier
[하기에 가득하기 있다. [하기 사람이 사람이 하기를 잃었다. 이 사람이 사람이 아니라 하게 있었다. 그 사람이 없었다. 그 사람이 아니라 하기 때문에 다른 사람이 되었다.	horized to submit the annual reports for Mobility Fund recipie g carrier; and, to the best of my knowledge, the information re	nts on behalf of the reporting carrier; I have provided the data eported herein is accurate.
Name of Reporting Carrier:		
Name of Authorized Agent or Employee of Agent:		
Signature of Authorized Agent or Employee of Agent:		Date:
Printed name of Authorized Agent or Employee of Agent:		
Title or position of Authorized Agent or Employee of Agen	nt	
Telephone number of Authorized Agent or Employee of A	Agent:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	
Persons willfully making false statements on this form	n can be punished by fine or forfeiture under the Communications Act 18 of the United States Code, 18 U.S.C. § 1001.	of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title

# **Attachments**

						 	CONTRACTOR STANSANTON
(nca) c							
HUBUI Coverage and Per	rformance Report	Principal Committee		11 11 11 11 11 11 11 11 11 11 11 11 11	Maria Branch Co. N. Section	CONTRACTOR AND ADMINISTRA	(Sec.) 10 (10 (10 (10 (10 (10 (10 (10 (10 (10
1		CHARLE ENGINEER					
			ES SECTION				

FCC Form 690 Approved by OMB OMB Control No. 3060-1185

<010>	Study Area Code	518001
<015>	Study Area Name	Union Telephone Company
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	CHRIS RENO
<035>	Contact Telephone Number - Number of person identified in data line <030>	3077826131 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	CRENO@UNIONWIRELESS.COM
<140>	Coverage and Performance Report Year	07/2014 - 12/2014

<c3> <d> <e> <br/>
<br/> <a2> <a3> <b1> <141> Certify that Certify that Certify that Drive Test Total Resident Road Miles Total Road Electronic Scattered Site Resident Shapefiles are Population Road Miles Miles Results are Tests are Resident Population per Census uploaded uploaded per Census Block Newly **Newly Reached** Reached by covered per uploaded Population per Block (yes/no) (yes/no) (yes/no) County Census Block Census Block by Service Service Reached Census Block 56007968000 3181 0 2559.68 1773.7 1773.7 Yes WY 0

> Percentage of Total Population Reached by Service

0	

Percentage of Total Road Miles covered by Service

69		_

FCC For	rm 481 - Carrier Annual Reporting Data Collection Form		Tanga a	FCC Form 481 OMB Control No. 3060 July 2013	-0986/OMB Control	No. 3060-0819
<010>	Study Area Code	519905				
<015>	Study Area Name	UNION TELEPHONE CO.	DBA UNION CELLU	AR		
<020>	Program Year	2015				
<030>	Contact Name: Person USAC should contact with questions about this data	Chris Reno	11 - 12 - 12			
<035>	Contact Telephone Number: Number of the person identified in data line <030>	3077824159 ext.				
<039>	Contact Email Address: Email of the person identified in data line <030>	creno@unionwireless	.com			
ANNUA	AL REPORTING FOR ALL CARRIERS				54.313 Completion Required	54.422 Completion Required
<100>	Service Quality Improvement Reporting		(complete attached wo	rksheet)	died box wiii	THE PARTY
<200>	Outage Reporting (voice)		(complete attached wo	rksheet)	1	
<210>		outages to report		in the second	/	NASALI.
<300>	Unfulfilled Service Requests (voice) 0					111333
<310>	Detail on Attempts (voice)			(attach descriptive do	noument!	HIII
					A.umeny	
<320>	Unfulfilled Service Requests (broadband)			_		
<330>	Detail on Attempts (broadband)			(attach descriptive o	document)	
<400>	Number of Complaints per 1,000 customers (voice)					
<410>	Fixed 0.0					
<420>	Mobile 0.0					
<430> <440>	Number of Complaints per 1,000 customers (broads	pand)			1	111111
<450>	Mobile 0.0					
<500>	Service Quality Standards & Consumer Protection R 519905WY510.pdf	ules Compliance	(check to indicate cert	ification)	/	
<510>			(attoched descriptiv	e document)	1	
<600>	Functionality in Emergency Situations 519905W610.pdf		[check to indicate cert	ification)		
<610>			(attached descriptive d	ocument)	✓	
<700>	Company Price Offerings (voice)		(complete attacked	wichaet)		THE
<710>	Company Price Offerings (Voice)		(complete attached we (complete attached we			
<800>	Operating Companies and Affiliates		(complete attached wo			
	Tribal Land Offerings (Y/N)?	(if y	es, complete attached wo	orksheet)		
<1000>	Voice Services Rate Comparability 519905WY1010.pdf		(check to indicate cert	ification)		
<1010>			(attach descriptive do	cument)	<b>/</b>	
<1100>	Terrestrial Backhaul (Y/N)?	lif	not, check to indicate cen	tification)		IIIII
<1110>			(complete attached w	and the second	Will die alle	111111
<1200>	Terms and Condition for Lifeline Customers		(complete attached w	orksheet)	VALUE III	
	Price Cap Carriers, Proceed to Price Cap Additional					
<2000>	Including Rate-of-Return Carriers affiliated with Pri	ce Cap Local Exchange	Carriers (check to indicate cert)	fication)		THE
<2005>			(complete attached wa			111111
<3000>	Rate of Return Carriers, Proceed to ROR Additional	Documentation Works	heet (check to indicate certi	fication)		MINN.
<3005>			(complete attached wa	rksheet)		231314

	ervice Quality Improvement Reporting Illection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	519905	
<015>	Study Area Name	UNION TELEPHONE CO. DBA UNION CELLULAR	
<020>	Program Year	2015	
<030>	Contact Name - Person USAC should contact regarding this data	Chris Reno	
<035>	Contact Telephone Number - Number of person identified in data line <030>	3077824159 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	creno@unionwireless.com	
<110>	Has your company received its ETC certification from the FCC?	(yes / no ) O	
<111>	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?	(yes / no ) O O	
<112>	If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.  Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your CETC which only receives frozen support, your progress report is only required to address voice telephony service.	519905WY112.pdf company is a	
	Please check these boxes below to confirm that the attached documents(s), on li 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.	ine	Name of Attached Document
<113>	Maps detailing progress towards meeting plan targets		
<114>	Report how much universal service (USF) support was received		
<115>	How (USF) was used to improve service quality		
<116>	How (USF)was used to improve service coverage		
<117>	How (USF) was used to improve service capacity		
<118>	Provide an explanation of network improvement targets not met in the prior calendar year.		
			NEST THE STATE OF

(200) Service Outage Reporting (Voice) Data Collection Form

FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013

<010>	Study Area Code	519905
<015>	Study Area Name	UNION TELEPHONE CO. DBA UNION CELLULAR
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Chris Reno
<035>	Contact Telephone Number - Number of person identified in data line <030>	3077924159 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	creno@unionwireless.com

	<a>&gt;</a>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<c1></c1>	<c2></c2>	<d></d>	<e></e>	<f></f>	<g></g>	<h></h>
Re	NORS eference umber	Outage Start Date	Outage Start Time	Outage End Date	Outage End Time	Number of Customers Affected	Total Number of Customers	911 Facilities Affected (Yes / No)	Service Outage Description (Check all that apply)	Did This Outage Affect Multiple Study Areas (Yes / No)	Service Outage Resolution	Preventative Procedures
	104041ATT											
										×25×4 2 11 - 2541 ( 755 - 25525) 2.2		

Control of the Contro	ce Offerings including Voice Rate Data ection Form	FCC Form 481  OMB Control No. 3060-0986/OMB Control No. 3060-0819  July 2013	
<010>	Study Area Code	519905	
<015>	Study Area Name	UNION TELEPHONE CO. DBA UNION CELLULAR	
<020>	Program Year	2015	
<030>	Contact Name - Person USAC should contact regarding this data	Chris Reno	
<035>	Contact Telephone Number - Number of person identified in data line <030>	3077824159 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	creno@unionwireless.com	
<701>	Residential Local Service Charge Effective Date 1/1/2014		

<702> Single State-wide Residential Local Service Charge

<a1></a1>	<82>	<83>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	COSCO	<c> &lt;</c>
State	Exchange (ILEC)	SAC (CETC)	Rate Type	Residential Local Service Rate	State Subscriber Line Charge	State Universal Service Fee	Mandatory Extended Area Service Charge	Total per line Rates and Fee
								-
				See a	ttached worksheet			
	<del> </del>							
					1			

(710) Broadband Price Offerings	FCC Form 481
Data Collection Form	OMB Control No. 3050-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	519905
<015>	Study Area Name	UNION TELEPHONE CO. DBA UNION CELLULAR
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Chris Reno
<035>	Contact Telephone Number - Number of person identified in data line <030>	3077824159 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	creno@unionwireless.com

<al></al>	<82>	<b1></b1>	<b2></b2>	<c></c>	<d1></d1>	<d2></d2>	<d3></d3>	<d4></d4>
State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rate and Fees	Broadband Service - Download Speed (Mbps)	Broadband Service - Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached (select
						8 OF 10 OF 1		
			- See attac	hed				
			worksheet -					

-0986/OMB Control No. 3060-0819	FCC Form 481  OMB Control No. 3060-0986/OMB Control July 2013		Provide All Provid		erating Companies ection Form	
			519905		Study Area Code	<010>
	LULAR	CO. DBA UNION CELLUL	UNION TELEPHON		Study Area Name	<015>
			2015		Program Year	<020>
			Chris Reno	uSAC should contact regarding this data	Contact Name - Person	<030>
			3077824159 ext	mber - Number of person identified in data line <030>	Contact Telephone Nun	<035>
		eless.com	creno@unlonwi	- Email Address of person identified in data line <030>	Contact Email Address -	<039>
				Union Telephone Company	Reporting Carrier	<810>
					Holding Company	<811>
	AND THE RESIDENCE OF THE PARTY				Operating Company	<812>
Brand Designation	<a3> Doing Business As Company or Brand Designation</a3>	<a2></a2>		<81> Affiliates		<813>
Brand Des	Doing Business As Company or Brand Des	SAC		Affiliates		

Affiliates	SAC	Doing Business As Company or Brand Designation
	7.7	
		CONTROL OF THE CONTRO

TOURS OF THE PARTY	bal Lands Reporting lection Form		FCC Form 481  OMB Control No. 3060-0986/OMB Control No. 3060-0819  July 2013
<010>	Study Area Code	519905	
<015>	Study Area Name	UNION TELEPHONE CO. DBA UNION CELLULAR	
<020>	Program Year	2015	
<030>	Contact Name - Person USAC should contact regarding this data	Chris Reno	
<035>	Contact Telephone Number - Number of person identified in data line <030>	3077824159 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	creno@unionwireless.com	
<910>	Tribal Land(s) on which ETC Serves	n Arapahoe and Eastern Shoshone	
<920>	Tribal Government Engagement Obligation	WY920.pdf	
		Name of Attache	ed Document

to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

<921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions.
<922> Feasibility and sustainability planning;
<923> Marketing services in a culturally sensitive manner;
<924> Compliance with Rights of way processes
<925> Compliance with Land Use permitting requirements
<926> Compliance with Environmental Review processes
<927> Compliance with Cultural Preservation review processes
<928> Compliance with Tribal Business and Licensing requirements.

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes

1225 125000	o Terrestrial Backhaul Reporting ection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	519905	
<015>	Study Area Name	UNION TELEPHONE CO. DBA UNIO	N CELLULAR
<020>	Program Year	2015	
<030>	Contact Name - Person USAC should contact regarding this data	Chris Reno	
<035>	Contact Telephone Number - Number of person identified in data line <030>	3077824159 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	crenoaunionwireless.com	
<1120>	Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G)		
<1130>	Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G)		

Lifeline	rms and Condition for Lifeline Customers ection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	519905
<015>	Study Area Name	UNION TELEPHONE CO. DBA UNION CELLULAR
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Chris Reno
<035>	Contact Telephone Number - Number of person identified in data line <030>	3077824159 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	creno@unionwireless.com
<1210> <1220>	Terms & Conditions of Voice Telephony Lifeline Plans  Link to Public Website	Name of Attached Document
<1220>	Link to Public Website HTTP	
or the we § 54.422 annually i	7	
<1221>	Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,	
<1222>	Details on the number of minutes provided as part of the plan,	
<1223>	Additional charges for toll calls, and rates for each such plan.	

Data Coll	ice Cap Carrier Additional Documentation ection Form Rate-of-Return Carriers offiliated with Price Cap Local Exchange Carriers		ON	C Form 481 MB Control No. 3060-0986/ y 2013	DMB Control No. 3060-0819
<010>	Study Area Code	519905			
<015>	Study Area Name	UNION TELEPHONE CO. DBA UNION CELLULA	R		
<020>	Program Year	2015	Waste and a Chill Holland		
<030>	Contact Name - Person USAC should contact regarding this data	Chris Reno			
<035>	Contact Telephone Number - Number of person identified in data line <030>	3077824159 ext.			
<039>	Contact Email Address - Email Address of person identified in data line <030>	creno@unionwireless.com	make the consequence		ALME TO STATE OF THE STATE OF T
CHECK th	ne boxes below to note compliance as a recipient of incremental Connect Ameri support as set forth in 47 CFR § 54.313(b),(c),(d),(d	마다의 사용 이 있는 경기를 하면 하면 가장을 하게 되었다. 이 사용이 되었다면 하는 것이 없는데 하다 하게 되었다.	아이들이 아들 때문에 가장 아름다면 하는 사람이 되었다. 얼마나 하는 아이들이 되었다.		ect America Phase II
	Incremental Connect America Phase I reporting				
<2010>	2nd Year Certification (47 CFR § 54.313(b)(1))				
<2011>	3rd Year Certification (47 CFR § 54.313(b)(2))				
<2012> <2013> <2014> <2015>	Price Cap Carrier Receiving Frozen Support Certification {47 CFR § 54.312(a)} 2013 Frozen Support Certification 2014 Frozen Support Certification 2015 Frozen Support Certification 2016 and future Frozen Support Certification				
	Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}				
<2016>	Certification Support Used to Build Broadband				
	Connect America Phase II Reporting (47 CFR § 54.313(e))				
<2017>	3rd year Broadband Service Certification				
<2018>	5th year Broadband Service Certification				
<2019>	Interim Progress Certification				
<2020>	Please check the box to confirm that the attached document(s), on pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support addresses of community anchor institutions to which began providing preceding calendar year.	shall provide the number, names, and	n		
<2021>	Interim Progress Community Anchor Institutions	Name o	Attached Document Listing Requi	red Information	

Study Area Code	1000	ate Of Return Carrier Additional Documentation ection Form		FCC Form 481  OM8 Control No. 3060-0986/OM8 Control No. 3060-0819 July 2013
State   Amount   State	-010>	Study Area Code	519605	
2015   Contact Tabley Person LISC, thould contact regarding this data   COUNTY   Bronco				
CHICK The boats Name - Present USES (boats context regarding this data to 1000)				
OSTACT Contact Telephone Number - Number of person identified in data lies of 2002  Contact Telephone Number - Number of person identified in data lies of 2002  Contact Telephone Number - Number of Person identified in data lies of 2002  COTCO (Contact Telephone Number - Number of Numb				
OHECK the boses below to note compliance on its five year service quality plan (parmant to 47 CFR \$4-320(10)) and, for privately held carrier, ensuring compliance with the filaments as 6 forth in CFR \$4-53.31(10). I further centify that the Information reported on this form and in the documents stacked below is accurate.    Progress Report on 5 Year Plan	<035>	Contact Telephone Number - Number of person identified in data line <030>		
CRECK the boxes below to note compliance on its five year service quality plant (grammant to 47 CR\$ \$4.320(n)) and, for privately held carriers, securing compliance with the financial reporting requirements set forth in CR\$ \$4.313(n)(2). I further certify that the information reported on this form and in the documents strached below is accurate.    Interprivation   Name of Attached Document Listing Required Information	<039>	Contact Email Address - Email Address of person identified in data line <030>	creno@unionwireless.com	
Milestone Cartification (47 CFR § 54.313(f)(1)(ii)  Name of Attached Document Listing Required Information  Please check this box to confirm that the attached document(s), on line 3012 confains the required information pursuant to providing access to broadband services in the preciding calendar year.    Set 4.313 (f)(1)(ii) the carrier shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband services in the preciding calendar year.    Set 5.54.313 (f)(1)(ii) the carrier shall provide the first services and providing access to broadband services in the preciding calendar year.    Set 5.54.313 (f)(1)(ii) the carrier shall provide the first services and provided information pursuant to \$1.00 (first/fivo) (first	CHECK	he boxes below to note compliance on its five year service quality plan (pursuan	nt to 47 CFR § 54.202(a)) and, for privately held carriers, en	
Floase trick has box to confirm that the attached document(s), on line 3012 contains the required information pursuant to	(3010)	14.14 T 4.15 T 14.15 T 17.15 T 17.15 T 17.15 T 18.15 T	hand day and day of the state o	
Set 3) 31 (f(1)(s), the carrier shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.    Set 3)   Set 4)   Set 3)   Set 3)   Set 4)   Set 3)   Set 4)   Set 3)   Set 4)   Set 3)   Set 4)   Set 5)   Set 4)   Set 4)   Set 5)   Set 5)   Set 6)   Set 7)   Set 7)   Set 7)   Set 8)			Name of Attached Document Listing Required I	nformation
Name of Attached Document Listing Required information   Name of Attached Document Listing Required information   Nes/No)   Ne	(3011)	§ 54.313 (f)(1)(ii), the carrier shall provide the number, names, and address		
Is your company a Privately Medi RCR Carrier (47 CFR § 54.313()(2))   (Yes/No)   (Yes/	(3012)	Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii))		
Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)	5110000		(Yes/No)	188
Telecommunications Borrowers)    3016  Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows	Please	check these boxes to confirm that the attached document(s), on line 301:	7, contains the required information pursuant to § 54.3	13(f)(2) compliance requires:
3016  Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows		Electronic copy of their annual RUS reports (Operating Report for		
Name of Attached Document Listing Required Information   (Yes/No)	(3016)		sh Flows	
If the response is no on line 3014, is your company audited?   (Yes/No)   (	(3017)	그 마다 가장 생산이 살아지는 하라지 이 계속 하면 의 이 생산을 받아 마음을 하는 사람이 되었다. 그렇게 하는 사람들이 아니라 하는 사람들이 아니라 아니라 나를 하는 것이다.		
If the response is no on line 3014, is your company audited?   (Yes/No)			Name of Attached Document Listing Required Information	on a co
If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313f()(2), contains  ither a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications    3020  Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows    3021  Management letter issued by the independent certified public accountant that performed the company's financial audit.    If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313()(2), contains:    3022  Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications   3023  Underlying information subjected to a review by an independent certified public accountant   3024  Underlying information subjected to an officer certification.   3025  Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows    3026  Attach the worksheet listing required information	(3018)	If the response is no on line 3014. Is your company audited?	(Yes/No	O(C)
confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains  [3020] Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications  [3021] Management letter issued by the independent certified public accountant that performed the company's financial audit.  [3021] If the response is no on line 3018, please check the bases below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:  [3022] Copy of their financial statement which has been subject to review by an independent certified public accountant, or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications  [3023] Underlying information subjected to a review by an independent certified public accountant  [3024] Underlying information subjected to an officer certification.  [3025] Occument(s) for Balance Sheet, Income Statement and Statement of Cash Flows  [3026] Attach the worksheet listing required information	(3020)		. Acceptant	
(3021) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows    (3021) Management letter issued by the independent certified public accountant that performed the company's financial audit.	52104104	confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains		
Management letter issued by the independent certifled public accountant that performed the company's financial audit.  If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:  (3022) Copy of their financial statement which has belief to review by an independent certifled public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications  Borrowers,  (3023) Underlying information subjected to a review by an independent certifled public accountant  (3024) Underlying information subjected to an officer certification.  (3025) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows				lications
If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § \$4.313(f)(2), contains:  (3022) Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers,  (3023) Underlying information subjected to a review by an independent certified public accountant  (3024) Underlying information subjected to an officer certification.  (3025) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows	(3020)			=
independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers,  (3023) Underlying Information subjected to a review by an independent certified public accountant  (3024) Underlying information subjected to an officer certification.  (3025) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows  (3026) Attach the worksheet listing required information	(3021)	If the response is no on line 3018, please check the baxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2),	performed the company's financial audit.	
(3023) Underlying information subjected to a review by an independent certified public accountant (3024) Underlying information subjected to an officer certification. (3025) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows  (3026) Attach the worksheet listing required information	(3022)	independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications		
(3024) Underlying information subjected to an officer certification. (3025) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows  (3026) Attach the worksheet listing required information	(3023)	Underlying information subjected to a review by an independent certified		
	38.5 (50.5 (5.5)	Underlying information subjected to an officer certification.	ash Flows	
Name of Attached Document Listing Required Information	(3026)	Attach the worksheet listing required information		
		L	Name of Attached Document Listing Required Information	

HITTONIA PLANT COURT	tion - Reporting Carrier lection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	519905
<015>	Study Area Name	UNION TELEPHONE CO. DBA UNION CELLULAR
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Chris Reno
<035>	Contact Telephone Number - Number of person identified in data line <030>	3077824159 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	creno@unionwireless.com

# TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

l certify that I am an officer of the reporting carrier; my responsibil recipients; and, to the best of my knowledge, the information repo	lities include ensuring the accuracy of the annual reporting requirements for universal service supported on this form and in any attachments is accurate.
Name of Reporting Carrier: UNION TELEPHONE CO. DBA UNION	CELLULAR
Signature of Authorized Officer: CERTIFIED ONLINE	Date 06/26/201
Printed name of Authorized Officer: Chris Reno	
Title or position of Authorized Officer: Director of Accounting	1
Telephone number of Authorized Officer: 3077826131 ext.	
Study Area Code of Reporting Carrier: 519905	Filing Due Date for this form: 07/01/2014

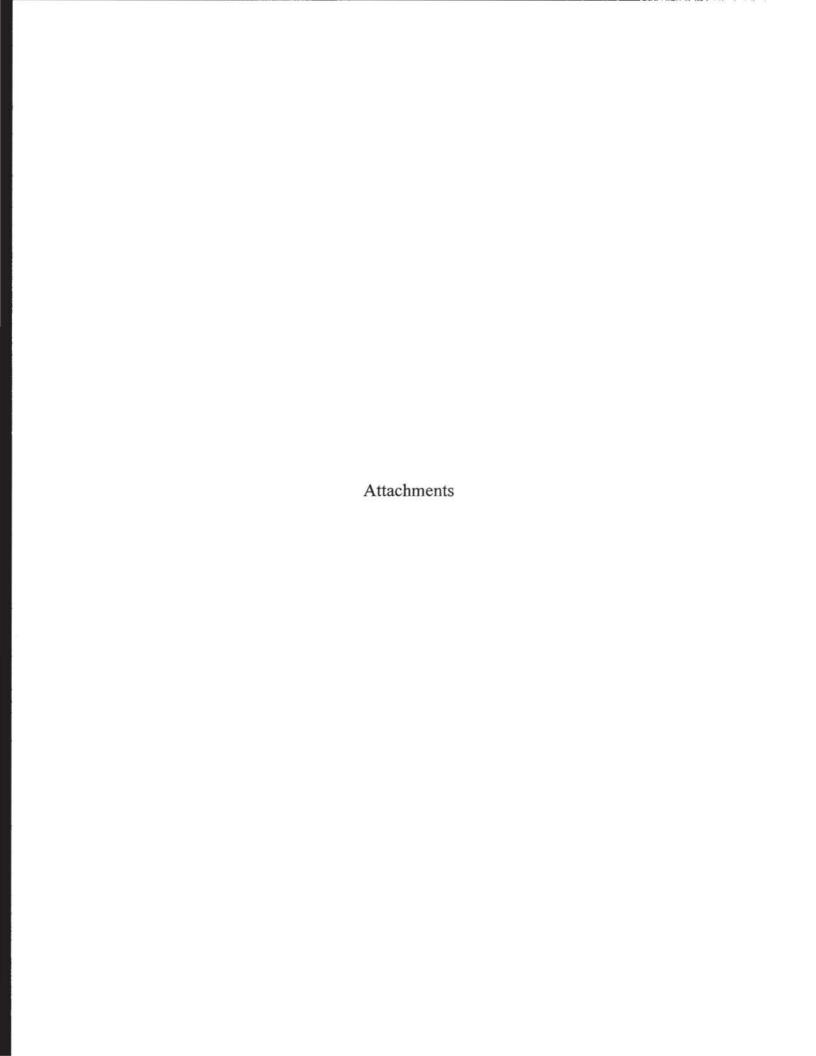
Certification - Agent / Carrier Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	519905
<015>	Study Area Name	UNION TELEPHONE CO. DBA UNION CELLULAR
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Chris Reno
<035>	Contact Telephone Number - Number of person identified in data line <030>	3077824159 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	creno@unionwireless.com

## TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

I certify that (Name of Agent)	is authorized to submit the information reported on behalf of the reporting carrier
also certify that I am an officer of the reporting carrier; my res agent; and, to the best of my knowledge, the reports and data	ponsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized provided to the authorized agent is accurate.
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date:
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:

## TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent	Authorized to File Annual Reports for CAF or LI Recipier	its on Behalf of Reporting Carrier
	norized to submit the annual reports for universal service support or reporting carrier; and, to the best of my knowledge, the information	
Name of Reporting Carrier:		
Name of Authorized Agent or Employee of Agent:		
Signature of Authorized Agent or Employee of Agent:		Date: .
Printed name of Authorized Agent or Employee of Agent:		
Title or position of Authorized Agent or Employee of Agent		
Telephone number of Authorized Agent or Employee of Ag	gent:	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	



(700)	Price Offerings includ	ing Voice	Rate Data
Data	Collection Form		

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013

<010>	Study Area Code	519905
<015>	Study Area Name	UNION TELEPHONE CO. DBA UNION CELLULAR
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Chris Reno
<035>	Contact Telephone Number - Number of person identified in data line <030>	3077824159 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	creno@unionwireless.com

<701> Residential Local Service Charge Effective Date
<702> Single State-wide Residential Local Service Charge

1/1/2014

<703>

<a1></a1>	<a25< th=""><th><a3></a3></th><th><b1></b1></th><th><b2></b2></th><th><b3></b3></th><th><b4></b4></th><th><bs>&lt;</bs></th><th>(0)</th></a25<>	<a3></a3>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<bs>&lt;</bs>	(0)
State	Exchange (ILEC)	SAC (CETC)	Rate Type	Residential Local Service Rate	State Subscriber Line Charge		Mandatory Extended Area Service Charge	Total per line Rates and Fee
WY	N/A		MS	40.0	0.0	0.56	0.0	40.56
UT	N/A		MS	40.0	0.0	0.56	0.0	40.56
co	N/A		MS	40.0	0.0	0.56	0.0	40.56
								-
			1					